

Janet Duwe

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

ANGELA MALCICH,)	
)	
Plaintiff,)	
)	
vs.)	Case 4:20-CV-01030
)	
)	
ST. LOUIS COUNTY, et al.,)	
)	
Defendants.)	

THE DEPOSITION OF JANET DUWE

Taken on behalf of Plaintiff

July 14, 2021

Jo Ann Sturm, CSR, CCR
ILLINOIS CSR NUMBER: 084-002267
MISSOURI CCR NUMBER: 716

STURM REPORTING SERVICES, INC.
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1 Exhibit 4486
2 Termination letter

3 The original exhibits were retained by
4 counsel. There was no Exhibit 36 and 37 marked.
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IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

ANGELA MALCICH,

Plaintiff,

vs.

ST. LOUIS COUNTY, et al.,

Defendants.

Case 4:20-CV-01030

THE DEPOSITION OF JANET DUWE, produced, sworn, and examined on behalf of the Plaintiff, on July 14, 2021, between the hours of 2:07 p.m. and 5:21 p.m. on that day, at the law offices of Pleban & Petruska, LLC, 2010 South Big Bend Boulevard, St. Louis, Missouri 63117, before JO ANN STURM, an Illinois Certified Shorthand Reporter and a Certified Court Reporter within and for the County of St. Louis, State of Missouri.

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A P P E A R A N C E S

2

3 The Plaintiff, ANGELA MALCICH, was
4 represented by Mr. Benjamin Kates and Mr. J.C. Pleban
of the law firm of Pleban & Petruska, LLC, 2010 South
Big Bend Boulevard, St. Louis, Missouri 63117.

5

6 The Defendant, TROY DOYLE, was represented
by Mr. Eric Banks of the law firm of Banks Law, LLC,
1824 Chouteau Avenue, St. Louis, MO 63103.

7

8 The Defendants, DUWE, HEITMANN and
ADAMS, were represented by Mr. Gregory D. DeBeer of
the law firm of Wiedner, McAuliffe, Ltd., 1010 South
Hanley, Suite 1450, St. Louis, MO 63105.

9

10 The Defendants, ST. LOUIS COUNTY,
MITCHELL, WRIGHT-BERRY, WOODS and MELLENTHIN were
11 represented by Ms. Catherine M. Robertson, St. Louis
County Counselor's Office, 41 South Central Avenue,
St. Louis, Missouri 63105.

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1 IT IS HEREBY STIPULATED AND AGREED by and
2 between counsel for the Plaintiff and counsel for the
3 Defendants that the deposition of JANET DUWE may be
4 taken in shorthand by Jo Ann Sturm, a Certified Court
5 Reporter, and afterwards transcribed into typewriting,
6 and the signature of the witness is waived by
7 agreement of counsel and the witness.

8 * * * * *

9 JANET DUWE,
10 of lawful age, being produced, sworn, and examined on
11 the part of the Plaintiff, and after responding "I do"
12 to the oath administered by the court reporter,
13 deposes and says:

14 * * *

15 DIRECT EXAMINATION

16 BY MR. KATES

17 Q Could you state your name for the record,
18 please?

19 A Janet K. Duwe.

20 Q And what's your address?

21 A 2001 Trailcrest Lane, Trailcrest is one
22 word, Lane, No. 1, Kirkwood, Missouri.

23 Q Have you ever been deposed?

24 A Yes.

25 Q Under what -- how long ago was that?

Janet Duwe

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1 A December.

2 Q Of 2020?

3 A 2020.

4 Q What was the nature of that deposition?

5 A It was the Shy case.

6 Q We're going to do something very similar to
7 what happened at that deposition, so it will be pretty
8 fresh for you. But I'm going to go over the ground
9 rules.

10 Other than that one, have you ever been
11 deposed other than that case?

12 A A long time, back in '94, '3; '93, I think
13 it was.

14 Q So we'll go over the ground rules. We have
15 the court reporter here to my right, your left. She's
16 taking down everything we say, so all of our answers
17 have to be verbal. Nods and shakes of the head,
18 uh-huhs, uh-uhs, those kinds of things don't translate
19 onto the record. So if you tend to do one of those
20 and I correct you, it's not to be rude, it's just to
21 make sure we have a clean record.

22 A Uh-huh. I just said that.

23 Q Is that right? If I ask a question, if you
24 answer it, I'm going to assume that you understood the
25 question that I asked. If you don't understand a

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1 question, let me know and I'll rephrase it. I don't
2 typically ask very good questions, so if there's
3 something you don't understand, let me know and I'll
4 be happy to rephrase it, okay?

5 A Okay.

6 Q If you need a break at any point, we can
7 take a break. I just ask that if I have a question
8 pending, that we get an answer on record before we
9 take the break, okay?

10 A Okay.

11 Q So what did you do to prepare for your
12 deposition today?

13 A Read through some of the things that Greg
14 sent me online.

15 Q Do you remember any specific documents that
16 you looked at?

17 A The document -- the first one I got was the
18 one that -- where I was served. I don't know the name
19 of it.

20 Q Did you review a copy of the lawsuit?

21 A I'm not sure. Oh, yeah.

22 Q I don't think it's marked.

23 MR. DeBEER: Just, I think it might be, to
24 save time, when I was asking her about waivers of
25 service, it could have been the waiver of service, not

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1 the actual petition itself.

2 MR. KATES: That's fair enough. Might as
3 well mark it.

4 (Exhibit 33 was marked for
5 identification.)

6 BY MR. KATES:

7 Q I'll give you what's marked as Exhibit 33.
8 If you scroll through that and see if that looks
9 familiar from what you've already looked at before.

10 A Yes.

11 Q You're glancing over Exhibit 33. You
12 believe that that's one of the documents that you
13 looked at?

14 A Yes.

15 Q Any other documents other than that that you
16 looked at?

17 A The Internal Affairs report.

18 Q And is that --

19 MR. DeBEER: I think it's 6.

20 MR. KATES: Yes, I think it's 6.

21 BY MR. KATES:

22 Q I'll hand you Exhibit 6. Does that look
23 like the document that you looked at?

24 A Yes.

25 MS. ROBERTSON: I'm sorry, what did you mark

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1 as 33?

2 MR. KATES: That's our First Amended
3 Petition.

4 BY MR. KATES:

5 Q Exhibit 6 and Exhibit 33. Anything other
6 than those two?

7 A Just my statement that I made to the county.
8 Uh-huh.

9 Q And that's contained within Exhibit 6,
10 correct?

11 A Let's see.

12 Q I think it's on page 11.

13 A Thank you. Yes.

14 Q I've got Exhibit 6 and 31. Anything else?

15 A This is 33.

16 Q Thirty-three, excuse me. Thirty-three.

17 Exhibit 33 and Exhibit 6 you looked at in preparation
18 for the deposition.

19 A Yes.

20 Q Anything other than that?

21 A No.

22 Q Did you have any conversations with anybody
23 outside your attorney about your deposition?

24 A No.

25 Q Have you talked to anybody about the lawsuit

Janet Duwe

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1 that was filed against you, other than your attorney?

2 A At what time frame?

3 Q Since it was filed.

4 A Not since it was filed.

5 Q Where are you currently employed -- so after
6 the lawsuit was filed, you didn't talk to anybody
7 about it, but did you ever talk to anybody about the
8 possibility of a lawsuit being filed?

9 A Yes.

10 Q Who did you speak to about that?

11 A Connie Heitman.

12 Q Do you remember when you spoke to Connie
13 about that?

14 A It was around the time we were going to a
15 meeting for the postmortem meeting.

16 Q Do you have an approximate date that the
17 postmortem meeting was?

18 A Trying to think when that was. I can't
19 remember the date. It was mid-June, mid to -- the
20 second or third week in June.

21 Q 2019?

22 A 2019, yes.

23 Q So you talked to Connie about -- this is
24 before the postmortem meeting, right?

25 A Yes.

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1 Q What did you and Connie talk about?

2 A What happened.

3 Q Can you give us your recollection of the
4 actual specifics of the conversation?

5 A Just retracing our steps what happened that
6 night.

7 Q Can you go into detail about what you said
8 to Connie and what Connie said in response to you?

9 A Oh, gosh. I just remember that we talked
10 about the phone call that we got from Officer English,
11 and that he had passed away, how he died, things like
12 that.

13 Q Tell me about this postmortem meeting. Is
14 that a standard practice to have a postmortem meeting?

15 A Yes.

16 Q Does that happen after every inmate dies in
17 custody?

18 A I believe so.

19 Q Have you been to other postmortem meetings
20 other than the one for Mr. Stout?

21 A No.

22 Q Did you ever go to a postmortem meeting
23 relating to the death of John Shy?

24 A No.

25 Q Was there a postmortem meeting following the

Janet Duwe

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1 death of Mr. Shy?

2 A Yes.

3 Q Do you know why you didn't go to that
4 meeting?

5 A I don't remember.

6 Q Do you know if they notified you of a
7 postmortem meeting and you just didn't go?

8 A I don't remember if they did.

9 Q Take me through what happens at these
10 postmortem meetings.

11 MS. ROBERTSON: Object. Look, I think
12 you're getting into privilege. St. Louis County is
13 not waiving its privilege. Peer review meetings are
14 prohibited by law from disclosure under state statute
15 and federal statute, and St. Louis County is not
16 waiving its privilege as to these matters.

17 MR. PLEBAN: Off the record.

18 (Discussion off the record.)

19 BY MR. KATES:

20 Q Before we took our break, Miss Duwe, we were
21 talking about a postmortem meeting that you were
22 attending, correct?

23 A Yes.

24 Q And you recall that that meeting occurred
25 approximately June of 2019, correct?

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1 A Yes.

2 Q It was following the death of Daniel Stout,
3 correct?

4 A Yes.

5 Q You went into the meeting. Can you tell me
6 who was there?

7 A I can tell you some of the people. I don't
8 know everybody. But Emily Doucette, she's a doctor;
9 Dr. Kathy Davis, Kathy, with a K; there was a
10 physician assistant. I can't remember his name. He's
11 the only physician assistant that's male.

12 Connie Heitman; Rob -- I don't remember his last name.

13 MR. DeBEER: Adams.

14 THE WITNESS: Rob Adams; myself. And that's
15 all I can remember that was there. There were other
16 people there.

17 BY MR. KATES:

18 Q Okay. I've got six names you gave me. Do
19 you know the number of people that were there? Can
20 you recall that?

21 A I can guess.

22 Q Can you give me an estimate?

23 A Ten to 12, maybe.

24 MS. ROBERTSON: Can I just interject real
25 quick? I'm still asserting the privilege, and we're

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1 trying to go through these foundational questions.

2 And I just want to make that clear, I'm giving some
3 leeway to make sure what the witness does or doesn't
4 know before I seek further action from the court.

5 Sorry I didn't make that clear before you
6 started.

7 MR. KATES: No, that's fine.

8 BY MR. KATES:

9 Q Did you give your actions to the group of
10 people that were there? Did you tell them what you
11 did at -- as it related to Mr. Stout?

12 A Yes.

13 MR. DeBEER: Object to form. Foundation.

14 BY MR. KATES:

15 Q Did you talk about the phone call from
16 Officer English?

17 A Yes.

18 Q Did you discuss with them what
19 Officer English told you on the phone?

20 A Yes.

21 Q And what did you tell them as far as what
22 Miss -- Officer English told you on the phone?

23 A That she called -- excuse me -- that she
24 called for information about sending a patient to
25 prison.

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1 Q At the meeting, what did you say the
2 information was that Officer English was asking about?

3 A She wanted to know if someone can go to
4 prison if they had vomited.

5 Q I'm sorry?

6 A She wanted to know if someone could go to
7 prison if they had vomited.

8 Q As far as a response to Officer English,
9 what is it that you told the panel or the group of
10 people that were there what your response was to
11 Officer English?

12 A Trying to remember. I know I discussed it
13 with Connie, because she was training me, and she told
14 me that the patient could go, he just needed to be
15 seen in transportation before he left.

16 Q So that's what you told the group of people
17 at this meeting what your response was to
18 Officer English.

19 A Yes.

20 Q Now, to backtrack real quick. You named
21 these individuals, and you also said that there were a
22 total of somewhere between ten and 12 individuals
23 there, correct?

24 A I believe so.

25 Q Was everyone in the room together at the

Janet Duwe

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1 same time?

2 A Yes.

3 Q So it was a group in a conference room type
4 setting where there was nobody outside waiting to come
5 in later that you're aware of.

6 A Correct.

7 Q And when you're giving the stuff that you
8 just told me about what Officer English said and what
9 you said in response, when you told that to the group,
10 you told that out loud, verbally, so everyone who was
11 paying attention could hear.

12 A Yes.

13 Q After you reported to the group that you had
14 told Officer English that Mr. Stout could be seen when
15 he came down, did you tell the group anything relating
16 your actions following the phone call?

17 MR. DeBEER: Objection. Vague.

18 MR. KATES: Yeah, that was a bad question.

19 BY MR. KATES:

20 Q Let me ask it this way. So after you tell
21 Officer English that he can be seen downstairs, did
22 you tell the panel or the group of people that were
23 there that you took any steps to follow up that
24 Mr. Stout was seen upon arriving with the
25 transportation officer?

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1 MR. DeBEER: Object to form.

2 You can answer, if you understand the
3 question.

4 THE WITNESS: I don't remember.

5 BY MR. KATES:

6 Q Did Connie Heitman give any statements at
7 this meeting?

8 A Yes.

9 Q As far as the -- as far as Connie Heitman's
10 statements, specifically as they relate to what she
11 said and heard between you and her the day that
12 Mr. Stout died, what were her statements at the
13 meeting?

14 MR. DeBEER: Hold on. Hold on a second.
15 Are you asking her to testify specifically what
16 Connie Heitman said at the meeting?

17 MR. KATES: Yes.

18 BY MR. KATES:

19 Q So you were a witness -- strike that.

20 You were present at the meeting. You heard
21 Connie Heitman make statements. I want to know what
22 she said at the meeting of what she did the day of
23 June 11, 2019 when Mr. Stout died.

24 MS. ROBERTSON: I'm going to object on the
25 basis of the privilege we've been talking about.

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1 Could you lay a foundational question?

2 MR. DeBEER: Yeah, I'm going to object to
3 foundation, too.

4 BY MR. KATES:

5 Q Connie made statements there, correct?

6 A I believe so. Well, I know she did.

7 Q What I want to know is specifically what she
8 said. That's what I'm asking. My question was very
9 bad.

10 So specifically, that's what I'm wanting to
11 know. I wanted to avoid any of this opinion stuff
12 that we're trying get away from. But I want to know
13 what it was that she said to the group, the meeting,
14 at the meeting.

15 MS. ROBERTSON: Same objection. Before that
16 question, because I really don't want to stop this,
17 could you ask a foundational question about like the
18 content? Was it opinion, was it peer review, or was
19 it just facts.

20 MR. KATES: Sure, we'll go that route.

21 BY MR. KATES:

22 Q As far as the statements that Connie Heitman
23 made, did Connie present factual statements as to what
24 she said and heard surrounding the phone call with
25 Officer English?

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1 A I believe so.

2 Q Did she give peer review statements as to
3 criticisms or critiques of other people's actions or
4 behaviors as it related to Inmate Stout's treatment?

5 A No.

6 Q I'm specifically asking you what factual
7 statements she made relating to the phone call and
8 your interaction with Miss Heitman about the phone
9 call with Officer English.

10 MR. BANKS: Objection. Hearsay.

11 MR. DeBEER: You can answer.

12 THE WITNESS: I don't remember.

13 BY MR. KATES:

14 Q Do you remember any statements that Connie
15 made of a factual nature at that meeting?

16 A I don't.

17 Q I'm going to go through the same kind of
18 questions with Mr. Adams.

19 I asked you about whether or not Connie had
20 any kind of peer review critiques or criticisms, but
21 did she have any opinions about the interaction?

22 A I can't recall.

23 Q I'm going to go through these with
24 Nurse Adams. You said Robert Adams was there at the
25 meeting, too, correct?

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1 A Yes.

2 Q Did Nurse Adams make a statement at the
3 meeting?

4 A Yes.

5 Q Did he make statements of a factual nature
6 as to what he did or said or saw as it related to
7 Mr. Stout's treatment?

8 A Yes.

9 Q Did he make peer review statements with
10 regards to criticisms or critiques of Mr. Stout's
11 statements?

12 A No.

13 Q Did he give any opinions relating to
14 Mr. Stout's treatment?

15 A Just facts.

16 Q Can you tell me what those factual
17 statements were that Mr. Adams said at the meeting?

18 A He basically just talked about the night
19 before, that he had gone up to see him because he had
20 gotten a call to go see him, that he was complaining
21 of stomach pain.

22 Q These are the things that Nurse Adams said
23 at the meeting, correct?

24 A Yes.

25 Q Did he mention any complaints that Mr. Stout

Janet Duwe

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1 had told to him?

2 A It was mostly stomach.

3 Q I'm sorry?

4 A Mostly stomach, vomiting.

5 Q Adams reported at this meeting that
6 Mr. Stout had told him he was having some stomach
7 pains.

8 A Yes.

9 Q And that he had vomited.

10 A Yes.

11 Q Any other symptoms that Mr. Stout had
12 mentioned to Mr. Adams that Mr. Adams reported at this
13 meeting?

14 MR. DeBEER: Objection. Hearsay.

15 You can answer.

16 THE WITNESS: Not symptoms, but I know he
17 wanted to go to the infirmary.

18 BY MR. KATES:

19 Q Nurse Adams reported at the meeting that
20 Stout told him he wanted to go to the infirmary.

21 A Correct.

22 Q That Stout wanted to go to the infirmary.

23 A Correct.

24 Q Did Mr. Adams make any statements as to what
25 his course of treatment for Mr. Stout was?

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1 A No, I don't remember.

2 Q You don't remember if Nurse Adams said what
3 the course of treatment was or you don't remember --
4 strike that. Okay.

5 Did Nurse Adams make any comments about
6 returning to see Mr. Stout a second time?

7 A I think he did, but I don't know why.

8 Q You think Mr. Adams saw Stout a second time.

9 A I think so.

10 MR. DeBEER: Hold on, that misstates prior
11 testimony.

12 BY MR. KATES:

13 Q Let me say this again. You think Mr. Adams
14 made a comment at this meeting that Stout -- that he
15 saw Stout the second time.

16 A Yes.

17 Q But you're saying -- you said you don't know
18 why. Do you mean Mr. Adams didn't know why Mr. Stout
19 came to see him a second time?

20 A No, I didn't know.

21 Q Anyone else that you can think of that might
22 have been at the meeting other than Doucette,
23 Kathy Davis, the male physician's assistant, you,
24 Adams or Heitman?

25 A I don't remember who they were.

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1 Q Did the physician's assistant make any
2 comments?

3 A Yes.

4 Q Were they factual comments? Did he make any
5 factual comments?

6 A Yes.

7 Q Did he give any peer review comments?

8 A No.

9 Q Did he give any opinion comments?

10 A No.

11 Q What were the factual comments that the
12 physician's assistant said?

13 MR. DeBEER: Objection. Hearsay.

14 THE WITNESS: I know he had seen him earlier
15 in his stay, but it was not related to his stomach. I
16 believe it was something to do with his hand, or he
17 had an injury somewhere. I think it was his hand.

18 BY MR. KATES:

19 Q Surprisingly, we've been here for an hour
20 and I haven't gotten through any of your other
21 background stuff, but I do want to go through some of
22 your background information.

23 Where are you currently employed? Are you
24 currently employed?

25 A Yes.

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Page 25

1 Q Where are you currently employed?

2 A St. Luke's Hospital.

3 Q St. Luke's?

4 A St. Luke's in Chesterfield.

5 Q How long have you been there?

6 A Since January 6 of 2020.

7 Q What's your role there?

8 A Physician referral nurse -- or physician
9 referral specialist.

10 Q Do you actively see patients?

11 A We see clients that come in for referrals.

12 Q And before that, where were you employed?

13 A Actually, when I did a -- I'm still there,
14 but I work as a concierge for Aberdeen Heights.

15 Q What's your role there?

16 A Front desk concierge. I work there one day
17 a week.

18 Q What's Aberdeen Heights?

19 A It's a retirement community. It's
20 independent living, assisted living, memory care,
21 skilled nursing.

22 Q When did you start at Aberdeen Heights?

23 A I started in September of 2019.

24 Q You're still currently there?

25 A Yes.

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1 Q How about where were you before then?

2 A St. Louis County.

3 Q Was that in your role as a nurse with the
4 Department of Health?

5 A Yes.

6 Q In corrections medicine?

7 A Yes.

8 Q You stopped working there July 1st, 2019,
9 correct?

10 A Yes.

11 Q How long were you a nurse through the
12 corrections medicine?

13 A It was just one month shy of seven years.
14 Well, three weeks shy. I started there July 23rd of
15 2012.

16 Q What degree do you have as far as nursing?

17 A Bachelor's of Science in nursing.

18 Q When did you get the BSN?

19 A When or where?

20 Q When?

21 A 1983.

22 Q And have you been nursing ever since you got
23 the degree?

24 A Yes.

25 Q Do you have any other specific certificates

Janet Duwe

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1 relating to medicine?

2 A CPR, ACLS.

3 Q What is ACLS?

4 A Advanced cardiac life support.

5 Q Anything else?

6 A No.

7 Q Are there specific areas of study that you
8 can take to get your BSN?

9 A My BSN?

10 Q Yeah. Your standard Bachelor's, is there a
11 specific area of study that you can go?

12 A I see what you mean. Just the general
13 courses that they have.

14 Q You were working at the Justice Center the
15 day that Mr. Stout passed away, right?

16 A Yes.

17 (Exhibit 34 was marked for
18 identification.)

19 BY MR. KATES:

20 Q I hand you Exhibit 34. Do you recognize
21 that document?

22 A Yes.

23 Q What is the document?

24 A Nurse schedule.

25 Q And it's got June 10th and 11th on it,

Janet Duwe

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1 correct?

2 A Yes.

3 Q And it shows the people that are working on
4 those two days, right?

5 A Yes.

6 Q If you go down to the very bottom of the two
7 columns, June 10th and June 11th, to the far left it
8 says night. Do you see that?

9 A Yes.

10 Q Underneath there, there's a couple boxes.
11 One of them says INT, NOC.

12 A Yes.

13 Q What does that mean?

14 A Intake night shift.

15 Q Intake night shift?

16 A Well, intake night.

17 Q What about INT orientation?

18 A That's just intake orientation.

19 Q And then next to Pam's name, there's CN.
20 Does that stand for charge nurse?

21 A Charge nurse.

22 Q What does INF and OC mean?

23 A Infirmary, night shift.

24 Q What location were you assigned to on
25 June 10th and June 11th?

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1 A I was only there June 10th, but it was
2 intake department.

3 Q You were only there on June 10th?

4 A I wasn't there June 11th.

5 Q It was an overnight shift, correct?

6 A Yeah. I see what you mean.

7 Q So you started your shift at 11:00 p.m. on
8 June 10th and it ended at 7:00 a.m. on June 11th,
9 correct?

10 A Yes.

11 Q Where was your posting?

12 A Intake.

13 Q Are there different locations within the
14 jail where nurses are stationed?

15 A Yes.

16 Q Where are those locations?

17 A Intake has two parts. It has the part where
18 they come into -- I forget what they call it -- where
19 they first come into the facility, and then a part
20 where they're seen over in the waiting room -- waiting
21 area, to be the holding area.

22 Q Is this considered to be infirmary?

23 A No, this is intake.

24 Q Intake as in when prisoners are brought into
25 the jail from outside from the arrest -- strike that.

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1 This intake as when officers bring inmates
2 into the jail.

3 A Yes.

4 Q And so you're saying there's a separate
5 location for the infirmary.

6 A Yes.

7 Q And that's kind of what's referenced in here
8 on this exhibit with the infirmary night shift, right?

9 A Yes.

10 Q So there's two locations, intake and then
11 the infirmary, right?

12 A Correct.

13 (Exhibit 35 was marked for
14 identification.)

15 BY MR. KATES:

16 Q I'm going to hand you Exhibit 35. Exhibit
17 35 says it's the infirmary care manual. Have you seen
18 that before?

19 A I believe so.

20 Q If you turn to page four, at the bottom it
21 says STLCO 00585. Are you on the page?

22 A Yes.

23 Q The top of it has missions of corrections
24 medicine, correct?

25 A Yes.

Janet Duwe

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1 Q You were corrections medicine on June 10th
2 and into the 11th on 2019, right?

3 A Yes.

4 MR. DeBEER: Can I have a running objection
5 to this exhibit in that it's titled Infirmary Care
6 Manual, and she was not working in the infirmary --

7 MR. KATES: That's fine.

8 MR. DeBEER: -- on the day in question?
9 Thank you.

10 BY MR. KATES:

11 Q So under the mission of the corrections
12 medicine, it states that: The corrections medicine
13 department, under the direction of the St. Louis
14 County Department of Public Health, strives to provide
15 high quality services to the incarcerated population
16 of St. Louis County. This is accomplished by
17 encouraging a collaborative relationship with the St.
18 Louis County Court System, Justice Services and
19 community resources to facilitate an increased
20 awareness of health issues amongst the incarcerated
21 residents.

22 Did I read that right?

23 A Yes.

24 Q Do you have any understanding of whether or
25 not that mission applies to the infirmary and does not

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1 apply to intake?

2 MR. DeBEER: Objection. Calls for
3 speculation.

4 You can answer. Jan, unless I instruct you
5 not to answer, you can answer.

6 THE WITNESS: I don't know law terms.

7 MR. DeBEER: I should have told you that
8 much earlier.

9 THE WITNESS: I believe it does.

10 BY MR. KATES:

11 Q I'm sorry?

12 A I believe it does.

13 Q So you believe that that mission statement
14 would also apply to your role in the intake.

15 A Correct.

16 Q Going down under customer service
17 expectations, it first reads: Nurses are the
18 patient's advocates.

19 Correct?

20 A Yes.

21 Q And the patients are inmates, right?

22 A Yes.

23 Q It goes on to state: Correction nurses
24 recognize that inmates are our patients. Nurses
25 maintain a nonjudgmental relationship with all

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1 patients. Correctional nurses are the inmate's
2 advocate for healthcare while they are incarcerated.
3 Each incarcerated patient is guaranteed healthcare by
4 law, and each nurse is responsible for advocating
5 their care.

6 Did I read that right?

7 A Yes.

8 Q You understand that inmates are obviously
9 confined to the jail and cannot summon healthcare on
10 their own, right?

11 A Correct.

12 MR. DeBEER: Object to form.

13 BY MR. KATES:

14 Q Next paragraph, middle of the way down,
15 says: They recognize that healthcare is available 24
16 hours a day and respond to needs of patients when
17 asked by the correctional officer.

18 Did I read that right?

19 A Yes.

20 Q In your role as a nurse at the corrections
21 medicine, you understood that medical care will be
22 provided to the patients on a 24-hour basis, right?

23 A Yes.

24 Q The sentence before that also reads: They
25 recognize that each nurse has skills based on their

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1 experience, and they work together to learn from each
2 other's experiences and skills.

3 Right?

4 A Yes.

5 Q This was a collaborative environment where
6 you worked with other nurses around you, right?

7 A Correct.

8 Q To address the needs of the inmates, right?

9 A Correct.

10 Q Turn to page five. Section B., midway
11 through, says: The following behaviors are seen as
12 professional and expected. They include, but are not
13 limited to.

14 Number five down says: To work together as
15 a team.

16 Did I read that right?

17 A Yes.

18 Q That was understood of you as a nurse
19 working with the other nurses that you would all work
20 together as a team.

21 A Yes.

22 Q And this is an effort to make sure the
23 healthcare of the inmates is met appropriately,
24 correct?

25 MR. DeBEER: Objection. Calls for

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1 speculation.

2 THE WITNESS: Yes.

3 BY MR. KATES:

4 Q I'm going to hand you what's been marked as
5 26.

6 MR. DeBEER: Where are we on 26?

7 MR. KATES: I'm going back. It's already
8 been marked.

9 MR. DeBEER: What's this?

10 MR. KATES: Thirty-five. Infirmary care
11 manual is 35.

12 BY MR. KATES:

13 Q You have 26 in front of you, right?

14 A Yes.

15 Q Have you ever seen this document before?

16 A I'm not sure. I think so.

17 Q The very top, it says policies and
18 procedures number 1301. The subject says medical care
19 services. You think you may have seen this at some
20 point during your employment with corrections
21 medicine?

22 A I do.

23 Q The policy states at the very beginning:
24 The St. Louis County Department of Justice services,
25 in cooperation with the Department of Health, will

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1 provide inmate access to medical services.

2 Correct?

3 A Yes.

4 Q And responsibilities, it also says that
5 corrections medical -- excuse me, strike that. All --
6 strike that.

7 The responsibility section says that: All
8 St. Louis County Department of Justice services
9 corrections staff, corrections medicine staff and
10 Department of Health medical providers are responsible
11 for the following procedures.

12 Correct?

13 A Yes.

14 Q It states that, is what I'm saying. That's
15 what it states, right?

16 MS. ROBERTSON: The document says what it
17 says.

18 MR. KATES: Right.

19 BY MR. KATES:

20 Q The document says what I just read, correct?

21 A Correct.

22 Q You were corrections medicine, so this
23 policy would have applied to you, correct?

24 A Yes.

25 MS. ROBERTSON: I'm going to object to the

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1 foundation and form. Also, this witness is not the
2 corporate representative of St. Louis County. This is
3 a justice services policy and not a corrections
4 medicine policy.

5 MR. DeBEER: I'll join.

6 BY MR. KATES:

7 Q Page two of this document says STLCO 003346
8 at the bottom. Are you there?

9 A Yes.

10 Q Section G says: The corrections medicine
11 staff will provide scheduled and nonscheduled sick
12 calls in the housing units on a daily basis,
13 parentheses, see policy 1307, sick call.

14 Did I read that right?

15 A Yes.

16 Q So it's an expectation of you and the
17 corrections medicine staff to provide sick calls,
18 whether they were scheduled or nonscheduled, correct?

19 A Yes.

20 Q Paragraph H.

21 MS. ROBERTSON: What policy number is this?

22 MR. DeBEER: 1301.

23 MS. ROBERTSON: Thanks.

24 BY MR. KATES:

25 Q You understood that paragraph G applied to

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1 you, right?

2 MR. DeBEER: I'm going to reassert the same
3 objections that Catherine -- sorry, that Kate just
4 asserted. Do you want to just give us a running
5 objection to that?

6 MR. KATES: That's fine. I'll rephrase the
7 question.

8 MR. DeBEER: It wasn't the form. It was --

9 MS. ROBERTSON: This is a DJS policy, not a
10 corrections medicine policy.

11 MR. DeBEER: Right.

12 BY MR. KATES:

13 Q You believed that this policy applied to
14 you, correct?

15 A Yes.

16 Q At the time -- this is all at the time of
17 June 2019.

18 A Yes.

19 MR. DeBEER: Objection. Foundation, form.

20 BY MR. KATES:

21 Q So based on this policy, you believe you had
22 an obligation to provide medical services and
23 scheduled versus nonscheduled sick calls on a daily
24 basis to the inmates, correct?

25 A Yes.

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1 Q Paragraph H says: The corrections medicine
2 staff will triage all inmates and schedule the inmates
3 on the medical provider's sick call as appropriate.
4 Emergency treatment takes priority.

5 I read that correctly?

6 A Yes.

7 Q And you believe that at the time, that
8 applied to you -- strike that.

9 At the time, you believed that that applied
10 to you, correct?

11 A Yes.

12 Q Turn to the next page, paragraph K. Reads:
13 The inmates' in-house medical services may include,
14 but is not limited to, number four is treatment of
15 illnesses.

16 Did I read those correctly?

17 A Yes.

18 Q And you believe that those applied to you as
19 well.

20 A Yes.

21 Q I can set that one aside.

22 (Exhibit 38 was marked for
23 identification.)

24 BY MR. KATES:

25 Q I'm going to hand you Exhibit 38. This is

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1 policy 1307. Have you ever seen this document before?

2 A I don't know. Let's see. Might have.

3 Q The subject line is sick call. You
4 understand that there's a sick call policy for
5 corrections medicine at the time?

6 A Yes.

7 Q June 2019?

8 MR. DeBEER: I'm going to object based on
9 foundation.

10 MS. ROBERTSON: I'm going to make the same
11 objection I made before. She's not the corporate rep
12 of St. Louis County. Just a running objection. I
13 don't want to keep interrupting you. This is a DJS
14 policy, not a corrections medicine policy, so I'll
15 object to foundation, form.

16 MR. DeBEER: I hadn't made that objection
17 yet because he hadn't actually asked about anything in
18 there. But I'll join in that if you're okay with the
19 running objection.

20 MR. KATES: Yes.

21 MS. ROBERTSON: I think we said two
22 depositions ago an objection for one is an objection
23 for all.

24 MR. DeBEER: Yes, I think that still
25 applies.

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1 MR. KATES: Sure.

2 BY MR. KATES:

3 Q In June of 2019 did you believe that there
4 was a sick call policy?

5 A Yes.

6 Q A sick call policy that applied to you in
7 corrections medicine, correct?

8 A Yes.

9 Q The policy here states that: St. Louis
10 County Department of Justice services shall provide
11 inmates the opportunity to be seen by medical
12 personnel on a daily basis.

13 Did I read that correctly?

14 A Yes.

15 Q And did you believe that that applied to you
16 in 2019?

17 A Yes.

18 Q Responsibility section says: All St. Louis
19 County Department of Justice services, corrections and
20 corrections medicine staff are responsible for the
21 following procedures.

22 Did I read that correctly?

23 A Yes.

24 Q And you believed in 2000 -- in June 2019
25 that that would apply to you.

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1 A Yes.

2 Q Section B, second page, states: Sick call
3 in the housing unit. Number one reads: Housing unit
4 sick call will be conducted seven days a week.

5 Did I read that right?

6 A Yes.

7 Q Number two says: The housing unit officers
8 will give a sick call form to all inmates who request
9 to be placed on sick call prior to corrections
10 medicine staff arriving in the housing unit.

11 Did I read that right?

12 A Yes.

13 Q And you understood that -- you believed that
14 this policy applied to you in June of 2019, correct?

15 A Yes.

16 Q Go to page --

17 MR. DeBEER: Are you talking about the
18 entire policy or just that section you read?

19 MR. KATES: The entire policy.

20 MR. DeBEER: Okay.

21 BY MR. KATES:

22 Q You understood that this entire -- strike
23 that.

24 You believed that this entire policy applied
25 to you in 2019, correct?

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1 A Yes.

2 Q On the very last page, subsection D, it says
3 nonscheduled sick call. Number one reads: The inmate
4 will inform an officer that he or she is in need of
5 medical attention.

6 Did I read that right?

7 A Yes.

8 Q And it was your belief that inmates would
9 notify you when they need medical attention, correct?

10 A Yes.

11 MR. DeBEER: I'm going to object to that,
12 that it misstates the language under D.

13 BY MR. KATES:

14 Q You believed that an inmate would inform
15 officers if they need medical attention back in
16 June 2019, correct?

17 A Yes.

18 Q Four lines down in number two, the end of
19 the paragraph -- the end of the line starts with the
20 word the. It reads: The infirmary or intake nurse
21 may be called if unable to contact the healthcare
22 clinic nurse.

23 Did I read that right?

24 A Yes.

25 Q And it was your belief that you may be

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1 called as an intake nurse for sick calls, correct?

2 A Yes.

3 Q And then the last one on number four reads
4 that: The corrections medicine staff will complete
5 the examination and all necessary paperwork as in
6 Section B10 of these procedures.

7 Did I read that right?

8 A Yes.

9 Q And you believed back in June 2019 that it
10 would have been your responsibility to complete an
11 examination if called for a sick call, correct?

12 A Yes.

13 (Discussion off the record.)

14 BY MR. KATES:

15 Q The last document that I marked as Exhibit
16 38 was the policy 1307, the sick call that we were
17 just discussing, correct?

18 A Yes.

19 MR. KATES: For the record, I skipped
20 Exhibits 36 and 37, and the next one that we mark will
21 be marked as Exhibit 39.

22 BY MR. KATES:

23 Q You would agree that in June of 2019, if you
24 got a sick call, you had an obligation to go see the
25 patient, correct?

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1 A Yes.

2 Q There wasn't a choice to be made whether or
3 not you could pick and choose which sick calls you go
4 to and which ones you don't go to, right?

5 A Correct.

6 Q If there's a sick call, you're required to
7 see the patient, right?

8 A Yes.

9 (Exhibit 39 was marked for
10 identification.)

11 MR. KATES: Exhibit 39.

12 BY MR. KATES:

13 Q Miss Duwe, I've handed you an exhibit that's
14 been marked as Number 39. Have you ever seen this
15 document before?

16 A No -- oh, yes.

17 MR. DeBEER: Give us a second, if you
18 wouldn't mind.

19 MR. KATES: Sure.

20 THE WITNESS: I believe I have.

21 MR. DeBEER: Okay.

22 BY MR. KATES:

23 Q Top says policy CM-30. Do you see that?

24 A Yes.

25 Q The title reads: Access to Diagnostic

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1 Services.

2 Correct?

3 A Yes.

4 Q Backing up just a couple of lines, you see
5 revision dates and reviewed dates. Do you see those
6 two?

7 A Yes.

8 Q The most recent revision date on this
9 document reads May 2019, correct?

10 A Yes.

11 Q So that would have been -- the last time
12 that it was revised would have been the month before
13 Mr. Stout died, correct?

14 A Yes.

15 Q Do you have any reason to believe that this
16 policy was not in effect in June of 2019?

17 A No.

18 MS. ROBERTSON: I want to make a running
19 objection on it. She's not the corporate rep of St.
20 Louis County, so I'm going to object to foundation.
21 And if you want to ask her what she knows, I don't
22 have a problem, but speaking for the County I have an
23 objection.

24 BY MR. KATES:

25 Q Do you believe that this policy was in

Janet Duwe

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1 effect at the time of June 2019?

2 A Yes.

3 Q And the policy reads: Inmates will have
4 access through the St. Louis County Department of
5 Public Health Corrections Medicine Program to all
6 diagnostic services required for proper evaluation as
7 ordered by the responsible medical provider.

8 Did I read that correctly?

9 A Yes.

10 (Exhibit 40 was marked for
11 identification.)

12 BY MR. KATES:

13 Q Miss Duwe, have you seen Exhibit 40 before?

14 A I believe so.

15 Q And the top says it's policy CM-33.

16 A Yes.

17 Q It also states revision date was April 2016,
18 correct?

19 A Yes.

20 Q Do you believe this was in place as of
21 June 2019?

22 A Yes.

23 Q It says the purpose is to evaluate the
24 health status of each inmate, correct?

25 A Yes.

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1 Q And the policy reads that -- or the section
2 labeled policy reads: Health appraisal data will be
3 collected by St. Louis County Department of Public
4 Health Corrections Medicine personnel within 14 days
5 of an inmate being placed in a housing unit. If
6 there's documented evidence of a health assessment
7 within 90 days, a new assessment is not required
8 unless determined by the designated health
9 authorities.

10 Did I read that right?

11 A Yes.

12 Q It's your belief that this policy was in
13 place in June of 2019?

14 A Yes.

15 Q Can I ask you, how soon are those
16 assessments done after an inmate is incarcerated?

17 A Well, they changed the policy. I don't know
18 if they changed the policy, but they wanted the intake
19 nurses to do the assessments before they went to the
20 floor.

21 Q And the intake nurses are the first nursing
22 staff that the inmates see when they come to the jail.

23 A Correct.

24 Q So that would be something that's

25 essentially done immediately upon arrival, correct?

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1 A Yes.

2 (Exhibit 41 was marked for
3 identification.)

4 BY MR. KATES:

5 Q I hand you Exhibit 41. Have you seen this
6 document before, Miss Duwe?

7 A I believe so.

8 Q Top reads Policy CM-40, correct?

9 A Yes.

10 Q And the title is identified as provider
11 orders, right?

12 A Yes.

13 Q Most recent revision date is May 2019,
14 correct?

15 A Yes.

16 Q So you believe this was in place in
17 June 2019?

18 A Yes.

19 Q The purpose of this document reads: To
20 assure all orders from a medical provider to the St.
21 Louis County Department of Health Corrections medicine
22 staff are implemented to ensure diagnosis and
23 treatment of inmates.

24 Correct?

25 A Yes.

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1 Q And you believe that this was in place --

2 I'm sorry, strike that.

3 Number six on the next page reads that: If
4 the patient exhibits any symptoms listed in the
5 exclusion criteria, the standing order will not be
6 used. The medical provider will be notified or a note
7 will be sent to the clinic desk to schedule a clinic
8 appointment with a provider.

9 Correct?

10 A Yes.

11 Q So these provider orders, would this also be
12 referred to as a standing order, or is that different?

13 A That's different.

14 Q Fair enough. I'll take that one back.
15 That's all I need from that one.

16 MR. KATES: Do you want to take a break?

17 (A short recess was taken.)

18 BY MR. KATES:

19 Q We're back on the record. Miss Duwe, I
20 appreciate your help on these answers.

21 I do want to talk more about your specific
22 role as a nurse with corrections medicine. You agree
23 that your role is to ensure that the patients and the
24 inmates get the appropriate care and treatment they
25 need for any illness that they develop, correct?

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1 A Yes.

2 Q As a nurse with corrections medicine, you're
3 in the best position to provide that treatment,
4 correct?

5 A Yes.

6 Q You have the education, the skill and
7 training to allow you to assess any kind of complaints
8 that they might have, correct?

9 A Yes.

10 Q And you're the one who's in the position
11 over the corrections officers to assess what their
12 medical needs are, correct?

13 A Yes.

14 Q And it's your understanding or your belief
15 that the corrections officers don't have the same
16 training or skills that you have in order to be able
17 to assess those medical needs, correct?

18 A Yes.

19 Q And we mentioned that if you get a sick
20 call, you're obligated to assess the patient and
21 determine what those needs would be, correct?

22 A Yes.

23 Q We already talked about that being that the
24 inmate is your patient, you act as an advocate for
25 them to make sure they get these needs met, correct?

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1 A Yes.

2 Q You certainly don't want anything to happen
3 to the patients when they complain of any kind of
4 illness or ailment that they have, right?

5 A Yes.

6 Q You would take every step that you could to
7 make sure that they're provided the right treatment
8 and care that they need, right?

9 A Yes.

10 Q When you learn of a sick patient, as their
11 advocate, you're required to make sure that they're
12 treated appropriately, right?

13 A Yes.

14 Q And in order to assess what their medical
15 needs are, you actually have to see and speak to the
16 patient themselves, right?

17 A Yes.

18 Q You can't take secondhand information from
19 someone else to be able to provide appropriate care
20 for whatever illness they might have, right?

21 A Correct.

22 Q Now, you mentioned Mr. Shy earlier. He was
23 one of three deaths that occurred at St. Louis County
24 before Mr. Stout, right?

25 A Yes.

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1 Q Prior to Mr. Stout's death, were you aware
2 of those other three deaths?

3 A No. I mean, I was aware of them. I didn't
4 take care of them.

5 Q So Mr. Stout passed away on June 11th, 2019.
6 As of June 9th, 2019, you knew that there were three
7 other deaths that year, correct?

8 A Yes.

9 Q You mentioned you were deposed in
10 Mr. Shy's -- in the lawsuit relating to the death of
11 Mr. Shy, right?

12 A Yes.

13 Q And you were sued as a party in that case,
14 correct?

15 A Correct.

16 Q Is that case still pending, to your
17 knowledge?

18 A I don't think so.

19 Q What is your understanding of what the
20 allegations were against you in that case?

21 A Can you define allegations?

22 Q Sure. In the lawsuit, the plaintiff in that
23 case mentions that you did something. Do you have an
24 understanding of what they say that you did with
25 regard to Mr. Shy?

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1 A Yes.

2 Q And what is that?

3 A I assessed him and sent him to the hospital.

4 Q So you assessed him. I believe, if I
5 remember correctly -- I'm going to hand you Exhibit
6 2 that we've marked. Have you seen that document
7 before?

8 A I do think I've seen this.

9 Q That's the Internal Affairs investigation
10 report relating to the death of Mr. Shy. You
11 mentioned that you assessed him and sent him to the
12 hospital. What was it that he was complaining of?

13 MR. DeBEER: I'm going to -- go ahead.

14 MS. ROBERTSON: Go ahead.

15 MR. DeBEER: I'm going to object to this
16 whole line of questioning on relevance based on the
17 allegations in the current action.

18 MS. ROBERTSON: I also would object that
19 this -- that you're asking about Mr. Shy's medical
20 issues, that it violates HIPAA for her to disclose
21 that in this case.

22 BY MR. KATES:

23 Q That being said, what was it -- what was
24 your understanding of his complaints to you?

25 MR. DeBEER: I'm going to object to form.

Janet Duwe

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1 It's vague. Sorry, I don't want it to just be
2 objection.

3 If you understand the question, you can
4 answer.

5 BY MR. KATES:

6 Q Do you understand the question?

7 A So what was -- what he was complaining of?

8 Q Yes.

9 A Abdominal pain.

10 Q And you did an assessment on him, correct?

11 A Correct.

12 Q And based on your assessment, you felt it
13 was appropriate for him to go to the hospital,
14 correct?

15 A Correct.

16 Q And did he end up going to the hospital?

17 A Yes.

18 Q Let me ask you this. In that case, was that
19 the only time that you had -- strike that.

20 On the day that he passed away, was that
21 your only interaction with him?

22 A No.

23 Q After you had sent him to the hospital, did
24 you interact with him a second time?

25 A When he came back.

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1 Q Was he making the same complaints when he
2 returned as he was making before he went to the
3 hospital?

4 A He was better, actually.

5 Q Did he still complain of abdominal pain?

6 A Some, but it wasn't as bad.

7 Q Did you have to perform a second assessment
8 on him?

9 A No, it was a change of shift. I just made
10 sure he got in his cell and took some vitals.

11 Q So when they returned him to the jail, was
12 it part of your responsibility to make sure he got
13 back into his cell?

14 A No, the correction officer puts him in the
15 cell. I just took a set of vitals on him.

16 Q I'm sorry?

17 A I just took a set of vitals signs on him.

18 Q Was that when he entered the jail or was it
19 when they put him into the cell?

20 A When he went into the cell.

21 Q So you took a set of vitals. You don't
22 consider that a full assessment, right?

23 A No.

24 Q And then your shift was over and you left
25 for the day, right?

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1 A I gave pass down and then left.

2 Q Who did you -- strike that.

3 And you understand that after you had left,
4 Mr. Shy ultimately passed away, right?

5 A Yes.

6 Q And so back in June of 2019, you understood
7 that abdominal pain or stomach pains untreated could
8 have serious medical consequences, right?

9 MR. DeBEER: Objection to form. Calls for
10 an expert opinion. Calls for speculation. Lack of
11 foundation.

12 You can answer.

13 THE WITNESS: Can you repeat the question?

14 MR. KATES: Can you read it back, please?

15 (The reporter read the requested
16 material.)

17 THE WITNESS: Yes.

18 BY MR. KATES:

19 Q And of those serious medical consequences,
20 they could result in death, right?

21 MR. DeBEER: Same objections.

22 THE WITNESS: Yes.

23 BY MR. KATES:

24 Q I'm going to hand you Exhibit 18. Do you
25 remember the dates of the deaths of those other

Janet Duwe

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1 inmates, by chance?

2 MR. DeBEER: Objection. Vague.

3 THE WITNESS: No.

4 BY MR. KATES:

5 Q I'm going to hand you what's been marked as
6 Exhibit 18. And I've opened it to page 28. Actually,
7 if you go to the first page, so you read the title of
8 the document, it says: Commission on Accreditation
9 for Corrections Standard Compliance Reaccreditation
10 Audit.

11 Have you ever seen this document before?

12 A No.

13 Q Go back to page 28 for me. If you see in
14 paragraph number two, about midway down, there's a
15 sentence that starts with: All three cases. I'm
16 sorry, the following sentence: In review of all three
17 cases. Do you see where that sentence starts at?

18 A Yes.

19 Q It reads: In review of all three cases, the
20 CM implemented three distinct strategies to avoid
21 future issues and generally improve the providing of
22 medical care.

23 In your role, do you understand CM to mean
24 corrections medicine?

25 A Yes.

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1 Q The next line reads: First, attention to
2 the communication between medical and service staffs
3 in and out of the infirmary would be improved.

4 Do you remember any changes in policy to
5 ensure that communication between medical and service
6 staffs in or out of the infirmary would be improved?

7 A Can you repeat that?

8 Q Sure. After these three individuals die,
9 according to this document, it mentions that
10 corrections medicine implemented different -- three
11 different strategies to avoid future issues and to
12 generally improve the providing of medical care.

13 It's listed here that the first is that
14 attention to the communication between medical and
15 service staffs in and out of the infirmary would be
16 improved. Do you know of any changes in communication
17 between medical and service staff related to the
18 infirmary after March of 2019?

19 MS. ROBERTSON: I'm going to object to form
20 and foundation. She's not the author or recipient of
21 this document. If just want to ask her what she knows
22 about changes, that's fine, as it pertains to this
23 document.

24 BY MR. KATES:

25 Q Do you know of any changes that were made

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1 after March of 2019?

2 A No.

3 Q It reads: Secondly, the use of scheduling
4 of agency nurses would be reviewed.

5 Do you know of any changes with scheduling
6 of agency nurses?

7 A No.

8 Q It mentions in here a monthly meeting with
9 hospital personnel. Did you ever attend a monthly
10 meeting with hospital personnel relating to inmates at
11 the corrections facility?

12 A Yes.

13 Q Was this everybody in corrections medicine?

14 A Yes.

15 Q Was it mandatory?

16 A I believe so.

17 Q What was the general -- was this
18 something -- strike that.

19 Is that something that you had to do the
20 entire time that you were employed there?

21 A We had meetings regularly.

22 Q Did anything about those meetings with
23 hospital personnel change after March 2019?

24 A They were just letting us know about the
25 changes. They would just update us on things that

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1 were going on.

2 Q Going on with what?

3 A How they ran the infirmary and the intake.

4 Q The last one says: Sick call process was
5 evaluated. It was determined that greater efforts
6 would be directed to education, assess management and
7 up-to-date medical protocols.

8 Do you know of any -- strike that.

9 Do you remember in your experience seeing
10 any changes to efforts relating to education or assess
11 management and obtain up-to-date medical protocols?

12 A No.

13 Q After the third death in March of 2019, but
14 before Stout passed away in June 2019, was there any
15 changes in policy or protocols or procedures relating
16 to intake or infirmary or sick calls that you
17 remember?

18 A I just remember one. There was a gentleman
19 who had withdrawals from alcohol and they did not give
20 him his Ativan. They were going to give it to him in
21 the morning, and then they started protocol to start
22 the medication as soon as they got it. If I can say
23 that now.

24 MS. ROBERTSON: What did you say?

25 THE WITNESS: So with one of the gentlemen

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1 that passed away, he had withdrawals from alcohol, and
2 they didn't start the medication. They were going to
3 start it in the morning, but they -- they changed the
4 policy to where if somebody comes in and they're
5 withdrawing from alcohol, start the Ativan.

6 BY MR. KATES:

7 Q So there was a change in procedures for when
8 to administer Ativan for inmates who were
9 demonstrating symptoms of withdrawal, right?

10 A Correct.

11 Q What about any changes in policies relating
12 to inmates complaining of stomach pains?

13 A Not that I know of.

14 MR. DeBEER: Object to foundation.

15 BY MR. KATES:

16 Q You mentioned that change. To your
17 recollection, were there any other changes in any kind
18 of policies as it relates to assessing patients or
19 seeing patients?

20 A Not that I know of.

21 (Exhibit 42 was marked for
22 identification.)

23 BY MR. KATES:

24 Q I'm going to hand you 42. Have you ever
25 seen this one before?

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1 A I don't remember seeing this.

2 Q Do you have any idea whose handwriting is
3 all over that?

4 A No.

5 Q It says clinic desk duties at the top. Was
6 there a location within the jail referred to as the
7 clinic desk?

8 A Yes.

9 Q What is that, to your understanding?

10 A During the day they see patients in the
11 clinic, and they have separate areas that people work
12 out of.

13 Q So the clinic would be the health clinic.

14 A It would be the health clinic.

15 Q Is that the same as the infirmary?

16 A No.

17 Q Is that the same as intake?

18 A No.

19 Q So now there's a third location? There's
20 intake, infirmary and now health clinic?

21 A This is open during the day.

22 Q Is it located on the jail property?

23 A Yes.

24 Q So this would not have been where you were
25 working on June 10th and 11th, 2019, correct?

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1 A No.

2 Q You mentioned you had seen the Internal
3 Affairs investigation report. It mentions training,
4 you and Connie in some sort of training. Do you
5 remember training on June 10th to the 11th?

6 MR. DeBEER: Can you point her to that?

7 MR. KATES: Yeah, that's fine.

8 MR. DeBEER: It's 6, right?

9 MR. KATES: Yes, it's 6.

10 BY MR. KATES:

11 Q Page 11. Actually, back up to page ten.
12 The last paragraph states that: Nurse Heitman stated
13 on this morning, Nurse Duwe was stressed from training
14 all night.

15 Do you remember any kind of training that
16 was taking place on June 10th?

17 A Yes.

18 Q Into June 11th?

19 A Yes.

20 Q Actually, if you go back to Exhibit 34,
21 that's the nursing schedule, right?

22 MR. DeBEER: Yes.

23 THE WITNESS: Yes.

24 BY MR. KATES:

25 Q Your name's listed at the bottom next to

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1 intake orientation.

2 A Yes.

3 Q Was that orientation essentially training
4 for you?

5 A Yes.

6 Q You've been there for seven years, almost?

7 A Almost.

8 Q What was the training for?

9 A I have not -- I had not been down to intake
10 in probably about five years, and they were -- they
11 had changed a lot of how they did things, their
12 procedures and just the format of how they did things.
13 They wanted me to relearn it.

14 Q And was Connie Heitman the person that was
15 training you that day?

16 A Yes.

17 Q Is there anybody else that was working
18 intake with the two of you?

19 A Pam Shaw.

20 Q As far as proximity goes, are you all three
21 working in the same office type area or are there --
22 are you in separate rooms?

23 A We're in separate rooms.

24 Q All on the same floor, though, right?

25 A Correct.

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1 Q Are you in offices or -- as far as proximity
2 from each other, how far apart are these rooms,
3 estimate?

4 A Probably from here to the garage -- not
5 the -- the parking lot.

6 Q Parking lot. That's not going to read well
7 on the record.

8 A Probably about -- I'm not good at feet or
9 yards.

10 Q Your offices were not next to -- didn't
11 share a wall with one another, did they?

12 A No. I mean, we worked -- we were on the
13 same floor. Pam was where the people came in, and
14 then they go through the process of coming into the
15 holding area where Connie and I were. But there's
16 doors and walls between us.

17 Q Are you familiar with an MDC run?

18 A Yes.

19 Q What does MDC run mean to you?

20 A When they take the inmates to prison.

21 Q Essentially they're getting transferred from
22 the Justice Center to prison, right?

23 A Yes.

24 (Exhibit 43 was marked for
25 identification.)

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1 BY MR. KATES:

2 Q Exhibit 43. Take a look at that for me.

3 Did you have a chance to look it over?

4 A Yes.

5 Q Have you ever seen that document before?

6 A I don't think so.

7 Q You were training on the evening of
8 June 10th and the morning of June 11th.

9 A Yes.

10 Q Did anyone give you any kind of training as
11 it relates to an MDC run?

12 A No.

13 Q Did you have any belief as to any
14 responsibilities that you would have as far as any
15 kind of communications that you might have to have
16 with a transportation officer?

17 A No.

18 Q Number five down here reads: The intake
19 evening shift nurses will pass on in report that there
20 is an MDC or federal run in the a.m. and will show
21 them where the medications and paperwork are placed.

22 Did I read that right?

23 A Yes.

24 Q Did anyone that night give you any kind of
25 training as it relates to passing on in a report to --

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1 sorry, in a report that there's an MDC run?

2 A No.

3 Q Number six says: It will be the
4 responsibility of the night shift nurse in intake to
5 go over to transportation in the morning before
6 7:00 to deliver the medical paperwork and to
7 administer all a.m. medications.

8 Did I read that right?

9 A Yes.

10 Q Did anybody give you any training on
11 doing -- taking those steps?

12 A No.

13 Q It had been five years since you had done
14 any kind of -- had any role in intake. Was that the
15 first shift that you were on, intake?

16 A No.

17 Q When before June 10th had you been on
18 intake?

19 A I don't remember the dates, but it was
20 within the last few weeks before that.

21 Q So when you had finally gone back to intake
22 after your couple of years having not been there, you
23 had already worked a couple of shifts.

24 A Correct.

25 Q And in none of that time did anybody give

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1 you any kind of responsibilities or tell you what kind
2 of responsibilities you had as it relates to MDC runs.

3 A Correct.

4 Q At intake, did you have access to
5 patients' -- inmates' medical records?

6 A Yes.

7 Q Would you have had a list of the inmates
8 that were going to be transferred to MDC --

9 A No.

10 Q -- the following day?

11 A No.

12 Q So let's talk about the call that you got
13 from Officer English. Do you remember about what time
14 that was?

15 A It was sometime around a quarter to 6:00.

16 Q If I mention that Officer English stated
17 that she made a phone call at 5:34, would you agree or
18 disagree or say I looked right at my watch and saw it
19 was quarter to 6:00?

20 A It could be that.

21 Q I'm going to back up real quick. In your
22 experience, do you know what time the officers take
23 the inmates to transportation to be sent to MDC?

24 MR. DeBEER: Objection. Foundation.

25

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1 BY MR. KATES:

2 Q To your knowledge, do you know when they do
3 that?

4 A Around 6:00.

5 Q Around 6:00, okay. What do you remember
6 about the call from Officer English?

7 A I remember getting the call. I answered the
8 phone and she asked me if -- she told me that she had
9 a -- let me back up. She said she was calling for
10 information only, and she wanted to know if a patient
11 could go to prison if they had vomited.

12 Q Go ahead.

13 A I asked Connie, and she said that was fine
14 as long as they were seeing them before they go in
15 transportation.

16 Q The first thing that she says is I'm calling
17 for information only.

18 A Uh-huh.

19 Q Is that a yes?

20 A Yes.

21 Q And then after that, all she says is she has
22 an inmate that asked if an inmate can be transferred
23 if they vomited, right?

24 A Correct.

25 Q Did you have any experience with inmates

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1 being transferred prior to training with Connie?

2 A Not much.

3 Q So this was something new that you had to
4 confirm with her for.

5 A Yes.

6 Q And what was it that you relayed to Connie?

7 A I put English on hold and I turned around,
8 because Connie was -- we were in a tight space, and
9 Connie was sitting behind me, and I said, is it okay
10 if somebody goes to prison if they vomited.

11 Q What was her response?

12 A She said they could go as long as they were
13 seen in intake before they left -- I mean in
14 transportation before they left.

15 Q Did Connie ask any other information about
16 what the call was for?

17 A She wanted to know -- trying to think. I
18 don't remember what she asked for.

19 Q What Connie asked for?

20 A She could have. I don't remember exactly.

21 Q Do you recall any kind of discussion between
22 you and Connie other than your simple request and her
23 response?

24 A She told me that they could be seen in
25 intake. She wanted to know if the person was getting

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1 ready to come down. I do remember her telling me
2 that.

3 Q Did you ask that to Officer English?

4 A I did.

5 Q And what was Officer English's response?

6 A She told me that they were out of the
7 system, which means they weren't in the correction
8 officer system anymore, they were getting ready to
9 move them, and they were getting ready to send them to
10 transportation.

11 Q I'm going to direct you to Exhibit 6, your
12 statement that you gave to Internal Affairs.

13 A Uh-huh.

14 Q That's page 11.

15 A Page 11.

16 Q You said that there was no sense -- you said
17 there was no sense of urgency in her voice. That's
18 Officer English, right?

19 A Yes.

20 Q Did you ask any other details about the
21 vomiting, the patient, the inmate?

22 A No.

23 Q Why not?

24 A I don't know. It's not uncommon for
25 somebody to vomit before they go to prison. We have a

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1 lot of people withdrawing and a lot of people who are
2 nervous.

3 Q Did you ask any other details as to the
4 significance of the vomit?

5 A No.

6 Q Or any other complaints that he might have
7 had?

8 A No.

9 Q Did you check to see who was on the list to
10 leave for MDC the next morning?

11 A No.

12 Q Did you pull up any medical records?

13 A No.

14 MR. DeBEER: Sorry, I'm going to object to
15 that first question that it misstates prior testimony.
16 BY MR. KATES:

17 Q Corrections -- to your knowledge and in your
18 experience, corrections officers aren't trained or
19 don't have the knowledge to provide diagnoses, do
20 they?

21 A No.

22 Q And you rely on their ability to report
23 information to you as it relates to the inmates that
24 they see, right?

25 A Yes.

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1 Q So the facts that you were aware of at the
2 time that you got the phone call was that there was an
3 inmate who was going to be moved, right?

4 A Correct.

5 Q And that he vomited, right?

6 A Correct.

7 Q So he was experiencing some kind of stomach
8 pains, right?

9 A Correct.

10 Q You didn't ask for any other additional
11 information, right?

12 A I do not believe so.

13 Q To your understanding and in your
14 experience, are there circumstances wherein an inmate
15 who's vomiting cannot be moved?

16 A I don't know.

17 Q Is that something you believe Connie would
18 know?

19 MR. BANKS: Objection. Calls for
20 speculation.

21 BY MR. KATES:

22 Q Do you believe Connie would have known that?

23 MR. DeBEER: I'll join in the objection.

24 You can answer if you know what Connie
25 knows.

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1 THE WITNESS: I don't know.

2 BY MR. KATES:

3 Q At the time, did you think she would know,
4 as you asked her, you know, can somebody be moved if
5 they're vomiting? Was it your expectation that she
6 would have some sort of knowledge on that?

7 A I guess. I don't know.

8 Q You were training all night. Did you have
9 any trouble retaining information that day?

10 MR. DeBEER: I'm going to object to the form
11 of the question.

12 You can answer.

13 THE WITNESS: I don't remember.

14 BY MR. KATES:

15 Q If Connie in her statement makes a remark
16 that she believed that you were having trouble
17 retaining information, does that seem odd to you?

18 MR. DeBEER: Did you say does that seem odd
19 to her?

20 BY MR. KATES:

21 Q Yeah, does that seem odd to you?

22 MR. DeBEER: Object to the form.

23 THE WITNESS: I really don't know. I might
24 have been a little stressed out.

25

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1 BY MR. KATES:

2 Q Did you make any comments to Connie about
3 being stressed?

4 A I don't remember.

5 Q Did you get into any arguments with anybody
6 because of stress?

7 A No.

8 Q Go to page four of the report that you have
9 in front of you. It's the second paragraph down. Let
10 me know when you're there.

11 A Okay.

12 Q Second paragraph. It's the second line in.
13 It says: She informed -- I'll just read the
14 beginning.

15 Officer English was asked specifically what
16 information did she relay to Nurse Duwe, and she
17 stated that she informed her that an inmate that is on
18 the list to leave for MDC had vomited and that he is
19 complaining of stomach pains. Officer English stated
20 that she asked Nurse Duwe what they do in instances
21 such as this, meaning would they come up to the floor
22 to see him before he leaves or waited until he was
23 brought down.

24 If she told you that she had somebody on the
25 list to leave for MDC and vomited and complaining of

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1 stomach pains, would you interpret that to be a sick
2 call?

3 A Well, are you asking me what's in here or
4 what she asked me?

5 Q If she had said that, what's written here,
6 if she had said that to you, would you have
7 interpreted that as a sick call?

8 A I think so.

9 Q And if you get a sick call, you've already
10 testified that you're required to go up and see the
11 patient, right?

12 A Correct.

13 Q And you've got to assess them to determine
14 what kind of treatment or diagnosis they need, right?

15 A Correct.

16 Q And you can either do that by going up
17 physically to see the patient or having them brought
18 down to you, right?

19 A They don't normally come down to see us
20 unless they're going to transportation, but there's a
21 transportation nurse.

22 Q So, in other words, you would have gone up
23 to see them, correct?

24 A Yes.

25 Q Who was the transportation nurse?

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1 A I think her name was Kerry.

2 Q Is it the same person every time?

3 A No.

4 Q Would that nursing schedule show you who it
5 would have been that night?

6 A Oh, no, no.

7 Q If somebody makes a sick call, to your
8 recollection, is there any kind of standard response
9 time that you're supposed to be able to get to the
10 inmate in?

11 A As soon as we can get there.

12 Q Is there any policy that says you have to be
13 there within ten minutes and if you can't, you have to
14 find somebody else who is available to get to them?

15 A I don't know.

16 Q Would you think that 45 minutes is a long
17 time to report to a sick call?

18 A It's a long time.

19 Q Because a sick call could be for anything
20 that's small and minor to something that's severe and
21 significant, right?

22 A Correct.

23 Q It could be that an inmate with stomach
24 pains is having some serious issues that are
25 developing and he needs to be seen right away,

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1 correct?

2 A Yes.

3 Q And as you were receiving the call from
4 Officer English, she says she put it at 5:34, you said
5 that it was somewhere around quarter to 6:00. It's a
6 ten-minute window. As far as the information that you
7 had, you knew that there was an inmate that was
8 scheduled to be moved to the Department of
9 Corrections, right?

10 A Correct.

11 Q And they usually move them around
12 6:00 o'clock, right?

13 A Correct.

14 Q You knew that the inmate was vomiting,
15 right?

16 A Yes.

17 MR. DeBEER: Object. That misstates
18 testimony. Misstates the evidence.

19 BY MR. KATES:

20 Q You knew that the inmate had vomited, right?

21 A Correct.

22 Q So he was having some sort of stomach
23 troubles, right?

24 A Correct.

25 Q And you knew that stomach problems can --

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1 untreated could lead to some serious medical
2 conditions, right?

3 MR. DeBEER: Object to form. Calls for
4 speculation, calls for an expert opinion.

5 MR. KATES: Can you repeat the question?
6 (The reporter read the requested
7 material.)

8 THE WITNESS: Correct.

9 BY MR. KATES:

10 Q And those serious medical conditions could
11 include death, right?

12 A Correct.

13 Q And you knew, based on the sick call
14 protocols and the policies, that you had an obligation
15 to see sick inmates, right?

16 A Correct.

17 MR. DeBEER: I'm going to object to form.
18 Vague.

19 BY MR. KATES:

20 Q You didn't ask Officer English any other
21 symptoms that he was experiencing, did you?

22 A No.

23 Q You didn't ask the frequency of how often he
24 had been vomiting, right?

25 A No.

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1 Q You didn't ask him how recent he had
2 vomited, right?

3 A No.

4 Q Why didn't you ask him any of those
5 questions?

6 A I mean, when she told me, it wasn't a sick
7 call. I mean, she basically just asked for
8 information, if he could go to prison. So I didn't
9 think it was a sick call. I just took it as
10 information.

11 Q So Officer English is telling you that he's
12 going to be transferred to the MDC, right?

13 A Correct.

14 Q Do you have any information as to how soon
15 he's going to be down to the transportation officers,
16 right? Do you?

17 A No, they just told me he was in movement.

18 Q He was in movement?

19 A Correct.

20 Q But your instructions to Officer English
21 were that he would be seen in transportation, right?

22 A Correct.

23 MR. DeBEER: Objection. Misstates prior
24 testimony.

25

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1 BY MR. KATES:

2 Q Did you notify transportation that they were
3 going to be receiving a sick patient?

4 A No.

5 Q Did you notify the nurse in transportation
6 that she would be receiving a sick patient?

7 A No.

8 Q What was the name of the person in
9 transportation medical at the time?

10 A I believe it was Kerry.

11 Q Do you remember Kerry's last name?

12 A Oh, God. I can't think of it right now. I
13 don't remember.

14 Q I'm going to go back to Exhibit 26 that you
15 have there.

16 MR. DeBEER: Here it is.

17 BY MR. KATES:

18 Q I'm going to go to page four.

19 MS. ROBERTSON: Is this 1307?

20 MR. KATES: 1301. If that's not Exhibit 26,
21 let me know. It should be.

22 BY MR. KATES:

23 Q There should be a letter S midway down on
24 page four.

25 A Yes.

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1 Q Letter S says: The corrections medicine
2 staff will give a completed medical transfer sheet,
3 parentheses, see attachment one, or a federal medical
4 transfer sheet to the transportation supervisor
5 designee when an inmate with a medical condition is
6 transported by transportation officers to other
7 authorities.

8 I think there was a second parenthetical
9 that I missed, but did I read that correctly?

10 A Yes.

11 MR. DeBEER: I'm going to object to any
12 questions related to this policy on the basis that
13 it's a DJC policy, does not apply specifically to
14 corrections medicine.

15 MR. PLEBAN: You guys have a running on
16 that, don't you?

17 MR. DeBEER: Can we the rest of the time?

18 MR. PLEBAN: Straight across the board, you
19 just got it.

20 MR. DeBEER: All the objections.

21 BY MR. KATES:

22 Q So in your time training that night, did
23 Connie, or even in your time training any other time,
24 did anyone else tell you about a medical transfer
25 sheet?

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1 A No.

2 Q Do you know what a medical transfer sheet
3 is?

4 A No. Other than the ones we use in the
5 infirmary.

6 Q Do you know if there's any other medical
7 transfer sheets that are used within corrections
8 medicine?

9 A Just in the infirmary.

10 Q And what are those typically used for in
11 your experience?

12 A Sending people to the hospital.

13 Q And do you know if there's any kind of
14 documentation that you and intake are supposed to
15 provide to the transportation nurse for any inmate
16 that's transferring to MDC?

17 A No.

18 Q It goes without saying, but you did not
19 prepare a transfer sheet to turn over to
20 transportation, did you?

21 A No.

22 Q As far as the IA investigation goes, did you
23 meet with investigators?

24 A No.

25 Q Why not?

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1 A I don't know why. I mean, like -- were they
2 supposed to call me?

3 Q Any kind of verbal meeting, statement that
4 you gave to them.

5 A I just gave the statement I gave to
6 Sharon Gardner.

7 Q And that's the statement that's on page 11
8 of Exhibit 6, right?

9 A I believe so.

10 Q Did anyone notify you that refusing to meet
11 with Internal Affairs -- strike that.

12 To your knowledge, did anyone from Internal
13 Affairs try to set up a meeting?

14 A No.

15 Q Did anyone ever mention to you that failure
16 to meet with Internal Affairs would result in
17 termination?

18 A I don't remember. Oh, I think
19 Sharon Gardner sent me something in the email about
20 that.

21 Q What's your recollection of what
22 Sharon Gardner said in her email?

23 A Well, it was really just about the
24 statement, that if I didn't provide a statement, that
25 I could be in big trouble.

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1 Q Did Sharon Gardner mention anything about
2 meeting with Internal Affairs?

3 A I don't think so.

4 Q Nobody ever tell you that if you don't meet
5 with Internal Affairs, you can be terminated?

6 A I don't remember.

7 Q What's your understanding of -- strike that.
8 You said the last time -- you stopped
9 working there in July of 2019, July 1st, correct?

10 A Correct.

11 Q Tell me the nature of your separation.

12 A I received a letter saying that my position
13 was eliminated.

14 (Exhibit 44 was marked for
15 identification.)

16 Q Is Exhibit 44 a copy of that letter?

17 MR. DeBEER: I don't need it.

18 THE WITNESS: Yes.

19 BY MR. KATES:

20 Q Did you reach out to speak to -- the
21 letter's signed by Emily Doucette. Did you reach out
22 to Emily Doucette to inquire as to why you were
23 terminated as of July 1st, 2019?

24 A No.

25 Q Were you aware that you had the right to

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1 appeal the termination?

2 A I guess. I really had no heart to want to
3 try to stay with the county. I was pretty sour on the
4 county by that time.

5 Q Why were you sour on the county?

6 A It's a pretty toxic environment. I was
7 looking to leave there anyway.

8 Q Do you know -- can you describe the toxic
9 environment for me?

10 A Yes.

11 Q Will you please describe the toxic
12 environment for me?

13 A I was just tired of hearing the F word about
14 100 times a night. I was tired of just the treatment
15 of the inmates towards the staff and the staff towards
16 inmates.

17 Q So there were poor relations between staff
18 and inmates.

19 A Yes.

20 Q What are some of the things about the way
21 that the staff treated the inmates that you didn't
22 like?

23 A I want to say the language, just -- that was
24 the biggest part, the language.

25 Q Was it insulting language or was it just --

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1 strike that.

2 Describe the language that you didn't like.

3 A The swearing. I mean, there were nurses
4 that called patients the F word, there were patients
5 that called nurses the F word. I mean, every time you
6 turned around you heard the F word. There were other
7 words, too, not just that word. I was just getting
8 tired of it.

9 Q Did you receive any discipline relating to
10 your involvement in Mr. Stout's death?

11 A I mean, I was let go.

12 Q Is it your understanding that your
13 termination was a result of Mr. Stout's death?

14 MR. DeBEER: I'm going to object to form.

15 BY MR. KATES:

16 Q Let me rephrase it.

17 A I'm not sure what I'm supposed to do.

18 MR. DeBEER: Do you understand the question?

19 THE WITNESS: No.

20 MR. KATES: Can you repeat the question?

21 (The reporter read the requested
22 material.)

23 BY MR. KATES:

24 Q Go ahead.

25 A I think I was a scapegoat.

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1 Q Why do you think you were a scapegoat?

2 A I think they were looking for somebody to
3 blame.

4 Q Did you disagree with the decision?

5 A I didn't try to fight it. I didn't think it
6 was fair, but I didn't try to fight it because I
7 really didn't want to be there anymore.

8 Q Who do you think was trying to make you the
9 scapegoat?

10 A I think the county had a problem, and I
11 think the county needed to find someone to blame it
12 on. And I think they figure if they can blame it on
13 me and get rid of me, then they got rid of the
14 problem. Then they fix the problem and then they can
15 go on.

16 Q What do you think the problem was?

17 A They just -- they just needed someone to
18 blame.

19 Q And in your opinion, do you think it was
20 related to Mr. Stout's death or for all of the deaths?

21 A Oh, not all the deaths.

22 Q Do you have any evidence to support the
23 belief that you think you're the scapegoat?

24 MR. DeBEER: Object to the form.

25 You can answer.

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1 THE WITNESS: I just -- can you rephrase
2 that?

3 BY MR. KATES:

4 Q Do you think that there's anything out there
5 that you believe that supports your opinion that you
6 were the scapegoat?

7 MR. DeBEER: I'll object to the form as
8 vague.

9 THE WITNESS: I'm not sure.

10 BY MR. KATES:

11 Q Did you ever speak to anybody who said
12 they're just trying to get rid of you because you're
13 the one who handled the phone call?

14 A Oh, no.

15 Q Did you ever get any emails that said we've
16 got to put this on somebody, it's you?

17 A No.

18 Q Any conversations with anybody that you
19 believe support the idea that you were a scapegoat?

20 A No, that's just the way I feel.

21 Q Other than this incident, have you ever been
22 disciplined during your time with the county?

23 A No.

24 Q Have you ever had any complaints filed
25 against you that did not lead to discipline?

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1 A I don't think so.

2 MR. PLEBAN: Let's take a break.

3 (A short recess was taken.)

4 BY MR. KATES:

5 Q Back on the record. Just a couple follow-up
6 questions for you.

7 You had mentioned the toxic environment at
8 the jail. You had mentioned the language being used
9 between inmates to the staff and staff to the inmates.
10 Do you remember that testimony?

11 A Yes.

12 Q Did you ever hear
13 Lieutenant Michelle Wright-Berry call one of the
14 inmates and use the F word?

15 A I'm not sure I know who she is.

16 Q Do you ever recall hearing
17 Officer Glenda Johnson call one of the inmates the F
18 word?

19 A I don't remember. I don't know who she is.

20 Q Do you know who -- as you sit here today,
21 who do you remember using the F word towards any of
22 the inmates?

23 A I don't know if I can give names. I mean,
24 is that something I can say?

25 Q It's to your recollection, what you

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1 remember.

2 A I'm trying to think. I don't know all the
3 officers' names, to be honest with you.

4 Q Do you know who Officer English is?

5 A Yes.

6 Q Did you ever hear her use that?

7 A No.

8 Q What about, do you know who Brian Mitchell
9 is, Lieutenant Brian Mitchell?

10 A Name sounds familiar. I can't remember.

11 Q But as you sit here today, you can't
12 remember the names of any specific staff members using
13 the F word towards any of the inmates.

14 A I mean, I can -- there's a couple of night
15 shift, you know, correction medicines that did.

16 Q Do you remember who they were?

17 A I think one of them's name was Cogshell.

18 Q Can you spell that?

19 A I think it's C-O-G-S-H-E-L-L, I think.

20 Q Anybody else that you can think of?

21 A Not offhand. I don't remember their names.

22 Q Did you ever hear Nurse Robert Adams call
23 the inmates the F word?

24 A I didn't work with him.

25 Q What about Connie? Did you ever hear her

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1 call any of the inmates the F word?

2 A No.

3 Q A couple final questions about these
4 informational calls.

5 You mentioned that the call from
6 Officer English was -- you interpreted it as an
7 informational call, right?

8 A Correct.

9 Q Are there any written policies outlining how
10 to handle informational calls?

11 A Not that I know of.

12 Q Was there ever any training on how to handle
13 informational calls?

14 A No.

15 Q Do you have anything in writing that you've
16 ever seen that refers to informational calls?

17 A No.

18 Q So as far as this call with English, she was
19 calling -- your testimony is that she was calling for
20 information, right?

21 A Yes.

22 Q And you're testifying that she called
23 relating to an inmate that had vomited, right?

24 A Yes.

25 Q So she was calling asking about a sick

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1 inmate, right?

2 A Yes.

3 Q And it's your job to treat sick inmates,
4 right?

5 A Yes.

6 Q But you didn't go up to see the sick inmate,
7 did you?

8 A No.

9 Q But you could have.

10 A He was in movement. We don't see people in
11 movement.

12 Q Are you not allowed to see anybody who's in
13 transport?

14 A Well, no. I don't normally see. I don't
15 work down there very often, so that was kind of new to
16 me. I've never seen anybody at transportation. I
17 took one person one medicine down there because I was
18 asked to one time.

19 Q Who asked you to do that?

20 A This was years ago. I was in the infirmary.
21 Somebody asked me to take a pill down to somebody in
22 transportation.

23 Q So if there's an inmate waiting in the sally
24 port to be moved and he has a medical emergency, you
25 can go and see him, though, can't you?

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1 A No, they would call code one. If it was an
2 emergency, like if somebody was having a heart attack
3 or somebody was having a stroke or a seizure or
4 something like that, they would call a code one.

5 Q But you can go up and see them, right?

6 A Yes.

7 Q And if they have other symptoms or
8 conditions that they need to see a nurse for, you can
9 go up and see them, right?

10 A Not in movement. When they're in movement,
11 we don't see them. But if they're in transportation,
12 if they call a code, I would definitely go see them.

13 Q Is the sally port, to your understanding,
14 considered to be a movement?

15 A That's after they get downstairs, they're in
16 the sally port. That's right before they go to MCD.

17 Q But what if they're still on the housing
18 unit floors?

19 A Oh. If they were -- if they asked for a
20 sick call, I would have gone up there.

21 Q There's a difference -- I say sally port and
22 you say he's down being transported at the buses.

23 What I'm referring to is the sally port on
24 the fifth floor. Do you understand that there's a
25 sally port on the fifth floor?

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1 A Yes.

2 Q So when I say he's up on the fifth floor in
3 the sally port and you get a call for a sick inmate,
4 you can go up and see him up there, right?

5 A Yes.

6 Q So if they're having some medical issue,
7 emergency or regular just complaints of symptoms that
8 they're having, they can call you and you can go up
9 and see them, right?

10 A Yes.

11 Q So up until the point when they actually
12 took Mr. Stout out of the sally port on the fifth
13 floor, you could have gone up to see him, right?

14 A Yes.

15 Q But you didn't.

16 A Yes.

17 MR. DeBEER: Objection. Argumentative.

18 Asked and answered numerous times.

19 BY MR. KATES:

20 Q You had conversations with Connie, right?

21 A Yes.

22 Q About this lawsuit before the lawsuit was
23 filed, correct?

24 A Yes.

25 Q What did you talk about as it relates to the

Janet Duwe

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1 lawsuit?

2 A Just the phone call.

3 Q Did anybody mention the possibility of a
4 lawsuit being filed?

5 A She did.

6 Q What did she say about the possibility that
7 a lawsuit could be filed?

8 A She said there's probably going to be a
9 lawsuit with this one.

10 Q Did she elaborate on that?

11 A No.

12 Q Did you give your opinion?

13 A I said there probably would be.

14 Q Why did you think there was going to be a
15 lawsuit filed?

16 A Because anytime that someone leaves the jail
17 and they die within 24 hours, that's not normal. I
18 mean...

19 MR. KATES: Nothing further.

20 MR. BANKS: I have no questions.

21 MS. ROBERTSON: I have some questions.

22 CROSS-EXAMINATION

23 BY MS. ROBERTSON

24 Q Mrs. Duwe -- am I saying that right?

25 A Yes.

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1 Q We talked about Exhibit 6. Do you have that
2 in front of you? Is it open to page 11 there?

3 A This is 18.

4 MR. DeBEER: Are you sure?

5 THE WITNESS: 6 is right here. Page what,
6 I'm sorry?

7 BY MS. ROBERTSON:

8 Q Page 11. You were asked about your
9 statement on page 11, and you had an opportunity to
10 read that before this deposition; is that fair?

11 A Yes.

12 Q Is that a fair and accurate depiction of the
13 statement that you provided to Sharon Gardner?

14 A Yes.

15 Q Is there anything you wish to add or change
16 about that statement?

17 A Let me see. Give me a second. No.

18 Q Nothing you wish to add or change; is that
19 right?

20 A No.

21 Q Were you asked to meet with Tina Johnson?

22 MR. DeBEER: Objection. Asked and answered.

23 You can answer, if you want to answer again.

24 THE WITNESS: I don't remember.

25 Tina Johnson? I'm not sure who she is.

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1 BY MS. ROBERTSON:

2 Q Were you asked to meet with an Internal
3 Affairs investigator?

4 A Just to give a, what was it called, an exit
5 interview?

6 Q Did you meet with that Internal Affairs
7 investigator?

8 A No.

9 Q You refused to meet with her?

10 A I don't think I was ever asked.

11 Q You just told me -- you just called it an
12 exit interview.

13 A Is that what that is, then? I just thought
14 it was an exit interview. They just wanted to get
15 my...

16 Q Who reached out to you?

17 A Someone from HR.

18 Q Do you know who Sharon Gardner is?

19 A Yes.

20 Q Does Sharon Gardner work in HR?

21 A Yes.

22 Q Is Sharon Gardner who reached out to you?

23 A Not for the exit interview.

24 Q What did Sharon Gardner reach out to you
25 about?

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1 A About the statement.

2 Q The statement in Exhibit 6?

3 A Yes.

4 Q And did Sharon Gardner ask you to meet in
5 person with someone?

6 MR. DeBEER: Object to form. Vague.

7 THE WITNESS: I don't think so.

8 BY MS. ROBERTSON:

9 Q What did Sharon Gardner ask you?

10 A For the statement that's on there.

11 MR. DeBEER: Same objection.

12 BY MS. ROBERTSON:

13 Q She only asked you for a written statement?

14 A Yes.

15 Q As of June 10th of 2019, you were done with
16 the county?

17 A As of when?

18 Q June 10th of 2019?

19 A No, I worked a couple more shifts at the end
20 of the month.

21 Q You didn't want to work there anymore,
22 though.

23 A No, I didn't want to stay there. I knew if
24 I was going to leave, I wouldn't come back. I
25 wouldn't try to fight for my job.

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1 Q I believe that Mr. Kates asked you earlier a
2 question, and you said you didn't want to work -- you
3 didn't want to be there anymore. Is that wrong?

4 A I mean, I didn't -- if I lost my job, I
5 wasn't going to fight for it, but I wasn't going to
6 leave on my own.

7 Q I believe you also told Mr. Kates you were
8 sour on the county; is that right?

9 A Yes.

10 Q You said it was a toxic environment; is that
11 right?

12 A Yes.

13 Q Did you ever report to anyone that the F
14 word was being used?

15 A I mean, it's commonplace. I've heard that
16 from the first day I started there.

17 Q Did you ever file a grievance?

18 A No.

19 Q Did you ever report this to a supervisor?

20 A No. The supervisors use the F word.

21 Q Did you report it to the Civil Service
22 Commission?

23 A No. I just took it as part of the
24 environment.

25 Q But you can't recall who used the F word,

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1 correct?

2 A Everybody used the F word.

3 Q Do you use the F word?

4 A No, no.

5 Q You never use the F word?

6 A I don't.

7 MR. DeBEER: It's argumentative. She said
8 no.

9 THE WITNESS: I go to church. I don't have
10 any reason to use it.

11 BY MS. ROBERTSON:

12 Q Your prior deposition in 1993, that was
13 because a patient died?

14 A Yes.

15 Q And you have a nursing license in California
16 and Missouri?

17 A Yes.

18 Q Is your nursing license in California still
19 active?

20 A It's inactive.

21 Q It's inactive? And what is the basis for
22 that?

23 A I moved here.

24 Q Why did you move here?

25 A We adopted a little boy. We wanted him to

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1 know our parents.

2 Q Are you from St. Louis?

3 A Yes. Well, not originally, but I lived here
4 most of my life.

5 Q Which portions of your life have you lived
6 in St. Louis?

7 A Moved here from St. Paul, Minnesota when I
8 was 15, and then moved to San Diego when I was 31 --
9 32, actually.

10 Q Have you ever had any complaints about
11 either of your nursing licenses?

12 A No.

13 Q When you spoke with Officer English, did
14 that call ring directly to you or was that call
15 transferred to you?

16 A It was directly to me.

17 Q And how do you know that?

18 A It came from the floor she's on.

19 Q And you were working intake; is that right?

20 A Correct.

21 Q And your job duties in intake were what?

22 A To oversee the intake patients and do the
23 assessments and help them with their medications.

24 Q And also respond to sick calls on the
25 floors?

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1 A Yes.

2 Q And when Officer English called you -- I'm
3 going to strike that.

4 Was Pamela Shaw working that night?

5 A Yes.

6 Q And what role did Pamela Shaw have, to your
7 recollection?

8 A She was in the other department, other side
9 of the intake department.

10 Q Which department is that?

11 A Where people come in for the first time.

12 Q And do you know what her job duties were?

13 A To do the initial assessment.

14 Q And were her job duties also to see the
15 transportation inmates who were going to MDC?

16 A I'm not sure if she had that duty or not.

17 Q Whose duty was that?

18 A I don't know. I thought it was from the med
19 room because the med room nurses come in at 6:00 on
20 those days.

21 MR. PLEBAN: Did you say med room?

22 THE WITNESS: Med room, uh-huh.

23 BY MS. ROBERTSON:

24 Q Did you ask Connie Heitman whose duty it was
25 to see the transportation inmates?

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1 A No.

2 Q But you knew nursing -- or, I'm sorry,
3 excuse me. You knew Officer English was calling about
4 an inmate who was about to go to prison.

5 A Yes.

6 Q And you didn't ask who should see that
7 inmate.

8 A No, I said he could be seen downstairs in
9 transportation.

10 Q Did you transfer the call to transportation?

11 A They aren't there yet.

12 Q How do you know that?

13 A Because they don't come in till about 6:00.

14 Q And who are "they"?

15 A The med room nurses.

16 Q Did you call the med room nurses at 6:00?

17 A No.

18 Q Why not?

19 A I don't know. I just know they go down
20 there.

21 Q What was your employment status as of
22 June 10th and 11th, 2019? And by that I mean were you
23 employed full-time, part-time or something else?

24 A Per diem.

25 Q What does that mean?

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1 A P.R.N., as needed.

2 Q And did you have another job at that time?

3 A No.

4 Q How many times a week would you work?

5 A Two to three.

6 Q Did anyone ever tell you St. Louis County
7 wanted to blame you for Mr. Stout's death?

8 A No.

9 Q Do you have any evidence that St. Louis
10 County wanted to blame you for Mr. Stout's death?

11 MR. DeBEER: Asked and answered.

12 THE WITNESS: No.

13 BY MS. ROBERTSON:

14 Q What hours were your shift on June 10th?

15 A 10:45 to 7:00 -- I think -- no, 10:30 to
16 7:00, I think. They changed them, because they used
17 to be 11:00 to 7:30, then they changed them to
18 10:30 to 7:00.

19 MS. ROBERTSON: I don't have any other
20 questions.

21 REDIRECT EXAMINATION

22 BY MR. KATES

23 Q Just real quick. Who paid you during this
24 time?

25 A St. Louis County.

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1 Q If you would have gone up to see Stout
2 sometime between 5:30 and whenever your shift ended,
3 would you have had to write any kind of paperwork?

4 A Yes.

5 Q What would you have had to document?

6 A A sick call form.

7 Q Did you take any other calls between
8 5:30 and 6:15?

9 A I don't recall.

10 Q Did you have any other sick calls that
11 night?

12 A I don't think we did.

13 MR. KATES: I don't have any other
14 questions.

15 MR. BANKS: I have no questions.

16 MS. ROBERTSON: Nothing further from me.

17 MR. DeBEER: Janet, do you want to -- you
18 have the option to read your testimony on the written
19 transcript and make sure everything's accurate and
20 make any changes if something is inaccurate. Or you
21 can waive signature and assume the court reporter took
22 everything down right today.

23 THE WITNESS: I'll waive my signature.

24 MR. DeBEER: That's a good choice.

25 (Discussion off the record.)

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1 MR. DeBEER: This is Greg DeBeer, attorney
2 for multiple defendants in this case, one of which is
3 Defendant Robert Adams.

4 Robert Adams' deposition was scheduled and
5 properly noticed for tomorrow at 10:00 o'clock a.m.
6 Unfortunately I have not been able to get in touch
7 with Mr. Adams for the last few days.

8 Therefore, so we don't waste everyone's
9 time, we're going to go ahead and reschedule that
10 deposition.

11 MR. PLEBAN: We obviously object to
12 rescheduling it and would want to take it as
13 scheduled, but I understand based on Greg's
14 announcement, we'll put it at the back end of this
15 record to create a record. Therefore, no one is going
16 to show up at 10:00 a.m. just to make a record
17 everyone good with that?

18 MS. ROBERTSON: No objection from the
19 County.

20 MR. BANKS: Yes.

21 MR. DeBEER: While we're on the record, I'll
22 put on the record that I understand that we all
23 understand that a mediation is scheduled in this case
24 for August 10th.

25 As a result, I will make whatever efforts

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1 are possible to secure Mr. Adams for a deposition with
2 plenty of time before the mediation.

3 Thanks.

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REPORTER CERTIFICATE

I, JO ANN STURM, CSR, CCR, do hereby certify
that there came before me

JANET DUWE

who was by me first duly sworn to testify to the truth
and nothing but the truth of all knowledge touching
and concerning the matters in controversy in this
cause; that the witness was thereupon carefully
examined under oath and said examination was reduced
to writing by me; and that this deposition is a true
and correct record of the testimony given by the
witness.

I further certify that I am neither attorney
nor counsel for nor related nor employed by any of the
parties to the action in which this deposition is
taken; further, that I am not a relative or employee
of any attorney or counsel employed by the parties
hereto or financially interested in this action.

Dated July 22, 2021.



JO ANN STURM, CSR, CCR
ILLINOIS CSR NUMBER: 084-002267
MISSOURI CCR NUMBER: 716



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